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9200 / No Gp
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Brian G. Kingwell
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Vancouver file no. 80021-227

10 May 2001

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, DC 20231
U.S.A.

Dear Sir/Madam:

Re: United States Provisional Patent Application No. 60/232,425
Filing Date: 14 September 2000
Title: CXCR4 AGONIST TREATMENT OF HEMATOPOIETIC CELLS
Applicants: SALARI, Hassan; MERZOUK, Ahmed; SAXENA, Geeta; EAVES,
Connie; CASHMAN, Johanne; and CLARK-LEWIS, Ian

Enclosed please find a copy of the Filing Receipt which has issued for the above-referenced application. We note that the fifth and sixth inventors, who were listed on page two of the Provisional Patent Application Cover Page (a copy of which is also enclosed for your convenience), were not listed on the Filing Receipt. We respectfully request the issuance of a Corrected Filing Receipt for this application with inventors CASHMAN and CLARK-LEWIS added.

Respectfully submitted,

SMART & BIGGAR

Brian G. Kingwell
Registration No. 39,482

BGK:seb
Enclosures



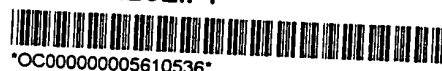
UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
60/232,425	09/14/2000		75	800021-227	1		

22502
SMART & BIGGAR
BOX 11560 VANCOUVER CENTRE
650 WEST GEORGIA STREET SUITE 2200
VANCOUVER, BC V4A1T5
CANADA

FILING RECEIPT



OC000000005610536

Date Mailed: 12/11/2000

Receipt is acknowledged of this provisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Hassan Salari, Vancouver, CANADA;
Ahmed Merzouk, Vancouver, CANADA;
Geeta Saxena, Vancouver, CANADA;
Connie Eaves, Vancouver, CANADA;
Johanne Cashman, Vancouver, CANADA;
Jan Clark-Hemis, Vancouver, CANADA;
Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 12/10/2000

** SMALL ENTITY **

Title

CXCR4 agonist treatment of hematopoietic cells

Preliminary Class

Data entry by : SNEED, LISA

Team : OIPE

Date: 12/11/2000



Please type a plus sign (+) inside this




COPY

Docket Number:

80021-227

PROVISIONAL APPLICATION FOR PATENT COVER SHEET (Small Entity)

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (c).

INVENTOR(S)/APPLICANT(S)					
Given Name (first and middle (if any))		Family Name or Surname		Residence (City and either State or Foreign Country)	
Hassan Ahmed Geeta Connie		SALARI MERZOUK SAXENA EAVES		Vancouver, Canada Vancouver, Canada Vancouver, Canada Vancouver, Canada	
<input checked="" type="checkbox"/> Additional inventors are being named on page 2 attached hereto					
TITLE OF THE INVENTION (280 characters max)					
CXCR4 AGONIST TREATMENT OF HEMATOPOIETIC CELLS					
CORRESPONDENCE ADDRESS					
Direct all correspondence to:					
<input checked="" type="checkbox"/> Customer Number 22502  Place Customer Number Bar Code Label here					
OR					
<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	
ENCLOSED APPLICATION PARTS (check all that apply)					
<input checked="" type="checkbox"/>	Specification	Number of Pages	37	<input type="checkbox"/>	Small Entity Statement
<input checked="" type="checkbox"/>	Drawing(s)	Number of Sheets	1	<input type="checkbox"/>	Other (specify)
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)					
<input type="checkbox"/>	A check or money order is enclosed to cover the filing fees				FILING FEE AMOUNT (\$)
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number: 06-0713				\$75.00
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.					
<input checked="" type="checkbox"/> No.					
<input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are:					

Respectfully submitted,

SIGNATURE

Date September 13, 2000

TYPED or PRINTED NAME Brian G. Kingwell

REGISTRATION NO. 39,482
(if appropriate)

TELEPHONE

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, DC 20231

PROVISIONAL APPLICATION FOR PATENT COVER SHEET (Small Entity)

INVENTOR(S)/APPLICANT(S)		
Given Name (first and middle [if any])	Family Name or Surname	Residence (city and either State or Foreign Country)
Johanne Ian	CASHMAN CLARK-LEWIS	Vancouver, Canada Vancouver, Canada

Certificate of Mailing by Express Mail

I certify that this application and enclosed fee is being deposited on _____ with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Signature of Person Mailing Correspondence

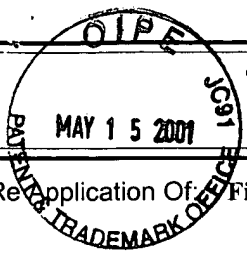
Typed or Printed Name of Person Mailing Correspondence

"Express Mail" Mailing Label Number

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, DC 20231

9200/NOGP



TRANSMITTAL LETTER
(General - Patent Pending)

Docket No.
40655.5050

In Re Application Of: Fife, et al.

Serial No.
60/237,851

Filing Date
October 4, 2000

Examiner
TBA

Group Art Unit
TBA

Title: **SYSTEM AND METHOD FOR PROVIDING VISUAL FEEDBACK IN AN INTERACTIVE PAYMENT SYSTEM**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

Power of Attorney

in the above identified application.

- ☒ No additional fee is required.
- ☐ A check in the amount of _____ is attached.
- ☒ The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. **19-2814** as described below. A duplicate copy of this sheet is enclosed.
 - ☐ Charge the amount of _____
 - ☒ Credit any overpayment.
 - ☒ Charge any additional fee required.



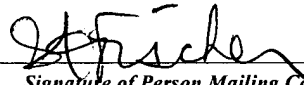
Dated: **May 9, 2001**

Howard I. Sobelman, Esq.
Reg. No. 39,038
Snell & Wilmer, L.L.P.
One Arizona Center
Phoenix, AZ 85004-2202
Phone: (602) 382-6228

I certify that this document and fee is being deposited on May 9, 2001 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.
Signature of Person Mailing Correspondence
Sandra K. Fischer
Typed or Printed Name of Person Mailing Correspondence

CC:

9200/1106P

 TRANSMITTAL LETTER (General - Patent Pending)		Docket No. 40655.5450	
In Re Application Of: Steven Weiner			
Serial No. 60/237,265	Filing Date October 2, 2000	Examiner TBA	Group Art Unit TBA
Title: SYSTEM AND METHOD FOR UTILITY METER SWIPECARD			
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>			
Transmitted herewith is: Power of Attorney			
in the above identified application.			
<input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 19-2814 as described below. A duplicate copy of this sheet is enclosed.			
<input type="checkbox"/> Charge the amount of _____ <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required.			
 _____ <i>Signature</i>		Dated: May 9, 2001	
Howard I. Sobelman, Esq. Reg. No. 39,038 Snell & Wilmer, L.L.P. One Arizona Center Phoenix, AZ 85004-2202 Phone: (602) 382-6228		I certify that this document and fee is being deposited on May 9, 2001 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  _____ <i>Signature of Person Mailing Correspondence</i> Sandra K. Fischer _____ <i>Typed or Printed Name of Person Mailing Correspondence</i>	
CC:			

9200 / NO GP



TRANSMITTAL LETTER
(General - Patent Pending)

Docket No.
40655.4950

In Re Application Of: Shirley Provinse

Serial No.
60/228,236

Filing Date
August 25, 2000

Examiner
TBA

Group Art Unit
TBA

Title: **SYSTEM AND METHOD FOR ACCOUNT RECONCILIATION**

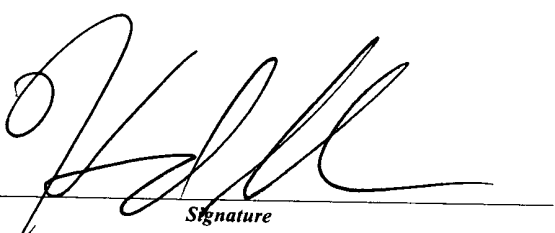
TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

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in the above identified application.

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 - ☐ Charge the amount of _____
 - ☒ Credit any overpayment.
 - ☒ Charge any additional fee required.


Signature

Dated: **May 9, 2001**

Howard A. Sobelman, Esq.
Reg. No. 39, 038
Snell & Wilmer, L.L.P.
One Arizona Center
Phoenix, AZ 85004-2202
Phone: (602) 382-6228

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 Signature of Person Mailing Correspondence
Sandra K. Fischer Typed or Printed Name of Person Mailing Correspondence

CC: